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# Baker: Preparing Graduates for the Dual Role of Teacher Administrator

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## PREPARING HEALTH OCCUPATIONS BACCALAUREATE GRADUATES FOR THE DUAL ROLE OF TEACHER/ADMINISTRATOR

Shirley A. Baker<sup>1</sup>

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Abstract: Baccalaureate health occupations teacher education programs may not have prepared their baccalaureate graduates for the dual role of Teacher/Administrator. Since a major portion of these graduates function at the post-secondary level, a teacher or administrative license is not required in most states. To prepare them for this role, this article proposes units of instruction such as (a) recruitment and public relations, (b) student records and documentation, (c) teachers' legal rights, (d) self-study and accreditation process, (e) certification or licensure, (f) contracts, (g) equipment purchases, (h) placement, (i) alumni chapters and advisory committees, (j) inservice or continuing education programs, (k) student organizations and (l) proposal writing. Arguments presented on the basis of observation and experience suggest many health occupations programs should maintain a staff including one or

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two teachers who also function as program administrators.

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Some health occupations teacher education programs may not include separate components dealing with the administrative skills needed for the dual role of Teacher/Administrator (T/A) in undergraduate programs. However, most baccalaureate health occupations teacher education programs incorporate, in the curriculum, core courses such as history and philosophy, curriculum development, methods of teaching, and tests and measurements. These usually are standard courses for preparing teachers. But for many small health occupations vocational and technical programs, the entire program staff usually consists of two teachers--one of whom must be the director or coordinator and one the clinical coordinator or supervisor. Even though administrative duties are included among the first teaching duties, the undergraduate health occupations teachers may not be as prepared to assume their dual role as a new teacher because these topics are usually studied more in depth at the graduate level.

Adjustment in administrative responsibilities is a consequence of many changes characterizing the first half of the '80s. With the advent of Diagnosis Related Groups (DRGs), cost containment, and recertification requirements, allied health personnel have faced (a) lay-offs, (b) fund reductions, (c) development of private organizations offering contractual services, (d) purchase of hospitals by national corporations, and (e) an increase of non-certified workers. All of these together have brought about a major decrease in the employment of allied health graduates. Also impacting health occupations programs is the funding emphasis changes brought about by the Carl D. Perkins Vocational Education Act of 1984 and the Job Training

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Partnership Act (JTPA) of 1982. The enlargement of responsibilities to include administrative functions appears to mandate corresponding adjustments in health occupations education programs and curricula. These may be addressed as specific units of instruction.

#### Units of Instruction

In order to better prepare students for their administrative roles, the following units of instruction may be considered in the curriculum:

- (a) recruitment/public relations, (b) student records and documentation,
- (c) teachers' legal rights, (d) self-study and accreditation process,
- (e) certification or licensure, (f) contracts (college catalog, clinical, consulting), (g) equipment purchases, (h) placement, (i) alumni chapters and advisory committees, (j) inservice or continuing education programs,
- (k) student organizations, and (l) proposal writing.

These units of instruction, discussed below, may be included in courses currently being taught in baccalaureate health occupations teacher education programs or may be developed into one or two new courses designed for teaching first-level administrative skills. These components, as well as more advanced courses in budgeting and staff supervision, should be included also in graduate level programs.

Unit 1: Recruitment and public relations. A unit on recruitment and public relations should be included because few education programs of any type are able to survive without an active recruitment component. Successful recruitment is often a product of successful public relations. If faculty, staff, students, and graduates are verbally supportive of the program, recruitment becomes a much easier task. In fact, public relations is sufficiently vital to the well-being of a program that a faculty member or

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administrator should never pass up an opportunity to make a positive statement about the program. Public relations directly affects every aspect of the T/A's job. Obviously good rapport with the public-at-large makes that job much smoother.

The new T/A should be aware of current written materials being distributed about the program. Initially, one of the first duties should include a meeting with the recruiting officer, or person(s) responsible for past recruiting, to determine if program brochures and recruitment staff are current concerning program entrance requirements, plan-of-study, and placement. The T/A should remember that both the program and student are best served if the interests and goals of each are closely related. Otherwise, the resulting discord may erode the best of programs. Regardless of the number of individuals assisting in student recruitment, the enrollment problem seems primarily to be placed on program administrators. Therefore, the T/A should have a yearly plan for active recruitment and public relations. This plan might include some of the following: (a) radio and television interviews on public information programs; (b) newspaper **releases** about program, student, and alumni activities; (c) booths at schools' career **days**; (d) guest lectures (classes and organizations); (e) student pins, program monograms, posters, **letter-writing** campaigns; (f) industrial recruitment campaigns, (g) community services such as blood pressure screenings; and (h) wearing adopted health occupation program uniform one day each week to all classes during school day, other than the scheduled clinical days.

Unit 2: Student records and documentation. Documentation, as maintained in student records, has become an essential part of the administrator's job. Reprimands and lawsuits may be thwarted by accurate daily records. The

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numerous duties of a teacher coupled with those of an administrator often push documentation to a low priority level as "something that can be done later." This concept is false. Documentation on student records should be completed while all events are current. Timeliness of a record is just as important in a hearing or court-of-law as accuracy (Valente, 1980).

The new T/A should review guidelines in effect for termination of faculty, staff, and/or student-s. If no guidelines exist, one of the T/A's first duties should be to develop these, in cooperation with upper level administrators, giving consideration to input received from affected parties. The guidelines should be three-dimensional. They should: (a) require documented counseling sessions with the individual with whom problem areas are identified, (b) require a signed and dated proposal by the T/A and the individual outlining corrective actions to be taken within a defined time frame, and (c) define clearly the consequences if these actions are not implemented (Valente, 1980).

Students should be well informed of course progress as well as program progress. One way to do this is to require each student to sign (or initial) and date each grade reviewed and each academic advisement record or change. The Buckley (1974) amendment gives rights to review and challenge student records to adult students and parents of minor students. Therefore, the T/A must be careful that each entry is signed, dated, and factual. Any entry directly affecting student progress should also have the student's signature and date of review.

Unit 3: Teachers' legal rights. Most student handbooks contain a copy of the due process procedure. Unfortunately, many times this procedure is omitted (either overtly or covertly) from the faculty handbook. As a result, teachers become aware of the required "paper trail" altogether too late. The T/A should

be responsible for making both faculty and students aware of their legal rights and responsibilities. Above all, self-control under due process should be stressed as the pivot point in many problem situations. With it, problems may be resolved uneventfully. Without it, any problem is certain to escalate (Valente, 1980).

Unit 4: Self-study and accreditation process. In health occupations, the accreditation process can enhance or destroy a program. But few program directors have appropriate training or experience prior to writing their first self-study. At times changing a single word can change the content of an entire section based on interpretation, e.g. , bimonthly means once every two months but is commonly used to mean twice a month (semimonthly). A working knowledge of the accrediting agency and process provides an adequate base for beginning any self-study procedure. In order to maintain professional accreditation, the T/A should be familiar with the program accrediting essentials, past self-studies and recommendations, and necessary fees required by the accrediting agency. Initial and ongoing accreditation fees should be budgeted as well as time for completing the process. Time lines should be established for receipt of supporting materials from other faculty, administrators, and clinical site coordinators. Any program shortcomings should be identified and corrected through this process.

Unit 5: Certification or licensure. The necessity for certification or licensure for employment should be explicitly stated in recruitment materials, college catalogs, and orientation sessions. In addition, students should be aware of the costs of examinations. The T/A should become a well-informed resource for current information from certifying or licensing boards, professional societies, and legislative bodies. Announcements concerning

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examination review sessions or materials should become the responsibility of the T/A.

Unit 6: Contracts. Contract law is another area in which the T/A should become more proficient. College catalogs are contracts between students and colleges. A responsible T/A should carefully review and update all **applicable** areas of the college catalog on a yearly basis (e.g., admission requirements, program of study, and course descriptions). Course descriptions should reflect course content and vice versa. In addition, contracts between each college and its sites should be explicit in their treatment of (a) student dismissal by clinical site, (b) student removal by college, (c) internship hours, sick days, and holidays, (d) student on-site accidents, (e) number of students assigned to clinical site, (f) wages (if any) for clinical instruction, (g) time span of the contract, (h) clinical departments involved, and (i) other pertinent information. Potential problems at a clinical site, especially with internship students, can often be circumvented by a detailed contract which spells out the responsibilities of each party.

On occasion a faculty member will be asked to do some consulting work. If the faculty member is to receive a consulting fee, a contract will probably be required. If the contract has some unclear areas, the faculty member or T/A should ask for a review by the institution's attorney. This worthwhile service may be rendered at little or not charge (Delworth, Hanson, and Associates, 1980).

Unit 7: Equipment purchases. In order to purchase, rent, or lease equipment, the T/A should be familiar with institutional policies. Most public institutions require a list of equipment specifications devoid of brand names. At some point, an invitation for competitive bids on equipment is advertised



for a designated time. Usually, equipment is purchased from the lowest bidder on a priority basis. But the lowest bid may be refused in favor of a higher bid if justification is adequate (e.g., better quality). Institutions also may purchase expendable supplies in this manner. In addition, the T/A should maintain departmental equipment by engaging services of experts from within or from external organizations. Some states purchase and/or maintain equipment through state department funds while other states use local or in-house funds.

Alternative methods for obtaining equipment include consortium purchasing, fund-raising events, shared equipment usage, and donated equipment. Many public health care institutions donate equipment to local training programs. Since equipment is public property, a lot of red-tape is involved for resale. However, little more than board approval is needed usually for transfer to another public service institution. Therefore, boards of health care institutions usually prefer to donate, rather than store, equipment that is no longer in service. Any needed repair or maintenance can often be performed by the biomedical **equipment** technology or electronics departments.

Unit 8: Placement. Some states require arbitrary rates of placement for students completing the program before renewing program funding. Adequate placement records can serve as a recruitment tool as well as a defensive tool if program termination is threatened. On the other hand, if these records indicate lack of placement in the skill area, a serious review of the mission and goals of the program should be undertaken by the T/A. Professional accrediting agencies usually require a program to have an adequate student resource pool, qualified faculty, adequate facilities and clinical sites, a quality program, and available employment opportunities for its graduates. One problem faced by T/A's of rural health care programs is saturation of the local

job market. Solutions include decreasing enrollments of programs, changing goals of programs to meet emerging needs, increasing continuing education programs, or eliminating programs. Adequate placement records increase potential for survival of a program by forewarning of problems or indicating needs in the job market (Shingleton, 1978).

Unit 9: Alumni chapters and advisory committees. Program alumni chapters and advisory committees can be extremely helpful in curriculum development. Alumni may suggest weak points, strong points, and possible program changes. An active advisory committee may provide technical information, recruitment and placement information, and allied program support in the industrial sector. Many programs have survived because of intense support and loyalty from faculty, students, alumni, and employers (Riendeau, 1977).

Unit 10: Inservice or continuing education programs. Even if a job market area has become saturated, health occupations personnel should be concerned with their competence through continuing education. College courses or inservice workshops provide new fields of endeavor for creative faculties. Moreover, employed health care workers may be in need of upgrading their technical training. Health care financial managers may prefer to underwrite quality local continuing education since it saves on room, board, and lost work time. Just as a farmer rotates crops, a health care program T./A would be wise to establish a continuing education program in addition to the certificate/degree program area and rotate faculty assignments.

Unit 11: Student organizations. Student organizations are of two basic types: general and specific. A general organization enrolls members from broad areas of interest, e.g., health occupations or home economics. Whereas, a specific organization serves students in a specialty discipline, e.g. ,

nursing or medical technology. The type of organization developed directly **affects** potential parameters for membership, goals, and activities. Valuable opportunities in leadership, competition, and **team** work can be afforded students through these organizations. A progressive T/A should realize the positive impact an organization such as Health Occupations Students of America (HOSA) can have on student and program accomplishments. This student **organization** is an integral component of the Health Occupations Education curriculum and each prospective teacher should **recieve** instruction on the history of the organization, on the competitive events, and on how to organize and manage a HOSA chapter. The T/A responsibilities to HOSA should include **time**, effort, guidance, encouragement, and support. In addition, the T/A should be aware of and comply with institutional policies governing student organizations .

Unit 12: **Proposal writing**. Proposal writing is fast becoming a necessary skill of the T/A. Much funding is available for programs that qualify for JTPA or special needs groups. But, in order **to** get the funds, the T/A must write a proposal. The term "proposal" sometimes invokes ideas **of** a major writing project and of detailed long-term planning, neither of which is very exciting. If written as a joint project with other faculty or administrators, even major proposals may become manageable. The difference between programs that survive and programs that do not could well rest in proposal writing skills (Hall, 1977) .

#### Summary

Programs may prosper or fail based on administrative skills of personnel rather than on teaching skills. However, **if** the instructional components proposed such **as**: (a) recruitment and public relations, (b) student records

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and documentation, (c) teachers' legal rights, (d) self-study and accreditation process, (e) certification or **licensure**, (f) contracts, (g) equipment purchases, (h) placement, (i) alumni chapters and advisory committees, (j) inservice or continuing education programs, (k) student organizations, and (l) proposal writing are incorporated into the undergraduate programs as separate units or are integrated into the existing curriculum, prospective teachers will have the opportunity to gain the knowledge and skills to assist them to assume the dual role of teacher-administrator.

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